SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

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Page 1 of 31

SUMMARY PAGE

1. NAME OF COMMITTEE											
Connecticut Citizen Ac	tion Group S	State PAC									
2. TREASURER NAME											
Title	First Steven		MI E.	l l							
3. TREASURER ADDRESS			<u>'</u>								
Street Address		City			State		Zip Code				
54 WHITE AVE		WE	S HARTFO	RD	СТ		06119				
4. ELECTION DATE		5	OFFICE SOU	JGHT (if applicable)	•	6. DISTI	RICT CODE (if applicable)				
7. CANDIDATE NAME	•		_			•	_				
Title	First		MI	Last			Suffix				
8. TYPE OF REPORT			•								
October 10 Filing - Original											
9. PERIOD COVERED											
		Beginning Date		Ending Date							
		07/30/2008	thru	09/30/2008							
		10. C	ERTIFICATIO)N							
		inder penalties of false state nce Disclosure Statement									
Electronic Filing	Electronic Filing JUDITH MASLEN 10/09/2008										
SIGNATURE	NATURE PRINT NAME OF THE SIGNER DATE CERTIFIED										
		R FALSE STATEMENT IS PUN NMENT FOR NOT MORE THA			\$1,000,						

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

SUMMARY PAGE TOTALS

TOTALS		
NAME OF COMMITTEE	FILING DUE DATE	
Connecticut Citizen Action Group State PAC	Original 10/10/2008	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other		\$353.04
12. Balance on hand at the beginning of Reporting Period	\$794.39	
13. Contributions received from Individuals (Section A and B)	\$470.00	\$1,937.50
14. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$540.00
15. Other Monetary Receipts (Section D-K)	\$0.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1)	\$0.00	\$0.00
16b. Total Proceeds from Small purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$470.00	\$2,477.50
18. Subtotals (add totals in line 12 + line 17 in Column A and in line 11 + 17 in Column B)	\$1,264.39	\$2,830.54
19. Expenses Paid by Committee (Section P)	\$208.75	\$1,774.90
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18)	\$1,055.64	\$1,055.64
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$4,500.00	\$4,500.00
25a. + Loans Received (Section D)	\$0.00	\$5,050.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c Payments on Loan(s)	\$0.00	\$550.00
25d. Total Outstanding Loan Amount	\$4,500.00	\$4,500.00
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

	I	. MONETARY RECE	IPT	ΓS (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILE	NG DUE DATE
Connecticut Citizen Action G	oup State P	AC								Orig	ginal 10/10/2008
A. Total Contributions fro	om Small (Contributors-Received	l thi	is Perio	d ON	NLY					
(See instructions for definition of Sma	ll Contributor)				s	Subtotal S	ection		\$0.00		
	B. It	emized Contributions fro	om l	Individu	als						
Last Name Harmon	First Name John		MI	Name of E	mploye	r					Amount of Contribution
Residential Street Address 16 White Ave		City WEST HARTFORD			State CT	Zip Code 06119		Principal Occ Professor			
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo ued at	r or business more than \$	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or but government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution Cash Personal Check	X Credit	Debit Card Payroll Ded	uctior	ı 🗆	Mone	ey Order	Date Re 08/22	eceived 2/2008	Aggregate Contribution \$240		\$50.00
Last Name Ashton	First Name Paul		MI	Name of E State of		r					Amount of Contribution
Residential Street Address 170 North St		City WILLIMANTIC		•	State CT	Zip Code 06226		Principal Oc Case Mgr			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or branch or branch the contract is with:			ective s	tate contrac		Legislative	Yes X No		
Method of Contribution Cash Personal Check	X Credit/	Debit Card Payroll Ded	uction	. 🗆	Mone	ey Order	Date Ro 08/22	eceived 2/2008	Aggregate Contribution \$150		\$25.00
Last Name Abelow	First Name Geraldine		MI	Name of E none	mploye	r					Amount of Contribution
Residential Street Address 291 Compo Rd. S		City WESTPORT			State CT	Zip Code 06880		Principal Occ retired	cupation		
1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:			ective s	tate contrac		Legislative	Yes X No		
Method of Contribution Cash Personal Check	X Credit	Debit Card Payroll Ded	uctior	. 🗆	Mone	ey Order	l	eceived 2/2008	Aggregate Contribution		\$20.00

	I	. MONETARY RECE	IPT	ΓS (Section A-K)					
NAME OF COMMITTEE								FILE	NG DUE DATE
Connecticut Citizen Action Gr	roup State P	AC						Orig	ginal 10/10/2008
B. Itemized Contributions from Individuals									
Last Name Anderson Krengel	First Name Sarah		МІ	Name of Employer self					Amount of Contribution
Residential Street Address 191 Margarite Dr		City MIDDLETOWN		State Zip Code CT 06457		Principal Occu animal mar			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No									
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Is contributor a principal of state contractor or prospective state contractor? If yes, list Event # Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative									
Method of Contribution Cash Personal Check	X Credit	Debit Card Payroll Ded	uction	n Money Order	Date Ro 08/22	eceived 2/2008	Aggregate Contributio		\$25.00
Last Name Bender	First Name Steven		MI	Name of Employer					Amount of Contribution
Residential Street Address 90 Main St		City VERNON	•	State Zip Code CT 06066		Principal Occu	pation		
4 41:141-14:0	Yes	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:	ontrac	actor or prospective state contrac	_	1	Yes X No		
Method of Contribution Cash Personal Check	X Credit	Debit Card Payroll Ded	uction	n Money Order	Date Re 08/22	eceived 2/2008	Aggregate Contributio		\$10.00
Last Name Byrnes	First Name Pamela		MI	Name of Employer Self					Amount of Contribution
Residential Street Address 50 South Washington Ave		City NIANTIC	•	State Zip Code CT 06357		Principal Occu Consultant	pation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	or or business he/she associated			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or br government the contract is with:		• •	_	Legislative	Yes X No		
Method of Contribution Cash Personal Check	X Credit	Debit Card Payroll Ded	uction	n Money Order	Date Ro 08/22	eceived 2/2008	Aggregate Contributio		\$25.00

	I	. MONETARY RECE	IPT	TS (Section A-K)					
NAME OF COMMITTEE				FILING DUE DATE					
Connecticut Citizen Action Gr	roup State P	AC		Original 10/10/2008					
B. Itemized Contributions from Individuals									
Last Name Livingston	First Name Daniel		MI Name of Employer E Livingston, Adler, Pulda et al						
Residential Street Address 191 Warrenton Ave		City WEST HARTFORD		State Zip Code Principal Occupation CT 06119 Principal Occupation Attorney					
or dependent child of a lobbyist?	Yes No	officer of a municipality does cont contract with said municipality val	ributor						
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes No	If yes, indicate which branch or but government the contract is with:		actor or prospective state contractor?					
Method of Contribution Cash Personal Check	X Credit	/Debit Card Payroll Ded	luction	Date Received Aggregate Contribution 08/22/2008 \$160.00 \$55.0					
Last Name Simoes	First Name Leslie		MI M	Amount of					
Residential Street Address 217 Raymond Rd	•	City WEST HARTFORD		State Zip Code Principal Occupation CT 06107					
4 41:14 6 1-1:1:9	Yes No		ributo	a candidate committee for a chief executive					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:		actor or prospective state contractor?					
Method of Contribution Cash Personal Check	X Credit	/Debit Card Payroll Ded	luction	Date Received Aggregate Contribution 98/22/2008 \$75.00 \$25.0					
Last Name Traugh	First Name Kathi		MI J	Name of Employer Amount of Yale Univ Amount of Contribution					
Residential Street Address 401 Boston Post Rd	•	City MADISON	•	State Zip Code CT 06443 Principal Occupation Mgr					
	Yes No	· ·	ributo	candidate committee for a chief executive tor or business he/she associated with have a at more than \$5000?					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes X No	Is contributor a principal of state of If yes, indicate which branch or branch government the contract is with:		actor or prospective state contractor? Pes X No Description Descrip					
Method of Contribution Cash Personal Check	X Credit	/Debit Card Payroll Ded	luction	Date Received Aggregate Contribution 08/22/2008 \$150.00 \$50.0					

	I. MONETARY RECE	ZIPT	S (Sect	ion A	A-K)					
NAME OF COMMITTEE									FILI	NG DUE DATE
Connecticut Citizen Action Group State	PAC								Ori	ginal 10/10/2008
B. Itemized Contributions from Individuals										
Last Name First Name Renninger Emily		MI	Name of E	imploye	r					Amount of Contribution
Residential Street Address 25 Bridle Rd	City NEW MILFORD	1		State CT	Zip Code 06776		Principal Occu	pation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? Is this contribution associated with a contract or prospective state contractor? Yes X No										
fundraising event listed in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of Contribution Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 09/24/2008 \$90.00									\$30.00	
Last Name First Name Byrnes Pamela		MI	Name of E Self	imploye	r			<u>.</u>		Amount of Contribution
Residential Street Address 50 South Washington Ave	City NIANTIC			State CT	Zip Code 06357		Principal Occu Consultant			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	tributo lued at	r or business more than S	he/she 55000?	associated	with have		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	_	_	. —	Yes X No		
Method of Contribution Cash Personal Check X Cree	lit/Debit Card Payroll Ded	luction		Mone	y Order	Date Ro 09/24	eceived 1/2008	Aggregate Contributio		\$25.00
Last Name First Name Anderson Krengel Sarah		MI	Name of E self	mploye	r					Amount of Contribution
Residential Street Address 191 Margarite Dr	City MIDDLETOWN			State CT	Zip Code 06457		Principal Occu animal mai			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?										
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:			ective s	Executi	_	Legislative	Yes X No		
Method of Contribution Cash Personal Check X Cree	lit/Debit Card Payroll Ded	luction		Mone	y Order	Date Re 09/24	eceived 1/2008	Aggregate Contributio		\$25.00

	I	. MONETARY RECE	ПРТ	ΓS (Section A-K)					
NAME OF COMMITTEE								FILE	NG DUE DATE
Connecticut Citizen Action Gr	oup State P	AC						Orig	ginal 10/10/2008
Last Name Bender	First Name Steven		MI	Name of Employer					Amount of Contribution
Residential Street Address 90 Main St		City VERNON		State Zip Code CT 06066	Pr	rincipal Occup	oation		
or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section L1?	Yes No Yes X	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val Is contributor a principal of state of If yes, indicate which branch or b	tributor lued at contrac	or or business he/she associated vert more than \$5000? In the state contract contra	tor?	Legislative	Yes No		
If yes, list Event # Method of Contribution Cash Personal Check	X No	government the contract is with: Debit Card Payroll Ded	luction	n Money Order	Date Rece	eived	Aggregate Contributio \$70.		\$10.00
Last Name Abelow	First Name Geraldine		MI	Name of Employer none					Amount of Contribution
Residential Street Address 291 Compo Rd. S		City WESTPORT	•	State Zip Code CT 06880		rincipal Occup etired	pation		
4 41:141-1:1:0	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo	or or business he/she associated v			Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:				Legislative	Yes X No		
Method of Contribution Cash Personal Check	X Credit	Debit Card Payroll Ded	luction	n Money Order	Date Rece 09/24/2		Aggregate Contributio		\$20.00
Last Name Harmon	First Name John		MI	Name of Employer CCSU					Amount of Contribution
Residential Street Address 16 White Ave		City WEST HARTFORD		State Zip Code CT 06119		rincipal Occup rofessor	oation		
	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality va	ributo lued at	or or business he/she associated w t more than \$5000?	with have a		Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or b government the contract is with:		* *		Legislative	Yes X No		
Method of Contribution Cash Personal Check	X Credit	Debit Card Payroll Ded	luction	n Money Order	Date Rece 09/24/2		Aggregate Contributio		\$50.00

	I	. MONETARY RECE	ІРТ	S (Sect	ion A	A-K)					
NAME OF COMMITTEE										FILII	NG DUE DATE
Connecticut Citizen Action Gr	roup State P	AC								Orig	ginal 10/10/2008
B. Itemized Contributions from Individuals											
Last Name Ashton	First Name Paul		MI Name of Employer State of CT							Amount of Contribution	
Residential Street Address 170 North St	•	City WILLIMANTIC	· _					Principal Occupation Case Mgr			
or donor dont shild of a labbraist?	Yes No	If contribution is in excess of \$400 officer of a municipality does cont contract with said municipality val	ributo	r or business	he/she				Yes No		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Yes	Is contributor a principal of state of If yes, indicate which branch or be government the contract is with:			_	Executi	_	Legislative	Yes X No		
Method of Contribution Cash Personal Check	X Credit/	Debit Card Payroll Ded	luction		Mone	y Order	Date R 09/24	eceived 1/2008	Aggregate Contribution \$175.		\$25.00
			-		•				Total of Section	on B	\$470.00
TOTAL OF ALL CONTRIBU	TIONS FRO	OM INDIVIDUALS		(Sections	A & I	3)	(Total	on Line 14 of S	Summary Page)		\$470.00

I. MO	NETAF	RY RECEIPTS	(Section A	I)						
NAME OF COMMITTEE						FILING	DUE DATE			
Connecticut Citizen Action Group State PAC Original										
C1. Contributions from Other Committees										
Name of Committee				Name of	Treasurer					
Address		Is this contribution asso fundraising event listed			Yes If yes, list Event #	#	Amount of Contribution			
City	State	Zip Code	Date Received		Aggregate Contributions					
Total of Section C1										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FIL										
Connecticut Citizen Action Group State PAC Ori										
C2. Reimbursements. Payments. or Surplus Distributions from other Committees										
Name of Committee										
Address			Date Received	Amount of Receipt						
City	State	Zip Code	Reimbursement for shared expense							
			Payment for goods and services							
Surplus Distribution										
Total of Section C2										

	I. MONETARY RECEIPTS (Sectio	n A-K)				
NAME OF COMMITTEE					FILING	DUE DATE
Connecticut Citizen Action Group State PAC	Origina	Original 10/10/2008				
	D. Loans Received this Period					
Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of	Amount Received
Street Address	City	State	Zip Code	Candidate Individual	this loan? Yes	
Name of Cosigner/Guarantor				Other Committee	No	
Street Address	City	State	Zip Code	Date Received		
				Total of	Section D	

I. Mo								
NAME OF COMMITTEE				FILING DUE DATE				
Connecticut Citizen Action Group State PAC				Original 10/10/2008				
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)								
Name								
Street Address			Date Received	Amount Received				
City	State	Zip Code	Aggregate Contributions					
		-	Total of Section	E				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE	FILING DUE DATE							
Connecticut Citizen Action Group State PAC	Original 10/10/2008							
F. Amount Transferred from Affiliated Business Treasury (Business	F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)							
Is this transaction associated with a fundraising event listed in Section L1?	Amount							
Yes No If yes, list Event #								

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE	FILING DUE DATE						
Connecticut Citizen Action Group Sta	Original 10/10/2008						
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)							
Date of Receipt Amount							

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE FILING DUE DATE									
Connecticut Citizen Action Group State PAC Original 10/10/2008									
	H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)								
Date Received	Date Received Amount Method of Payment Cash Personal Check Credit/Debit Card								
Total of Section H									

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTI	FILING DUE DATE							
Connecticut Citizen A	Action Group State PAC				Original 10/10/2008			
	I. Anonymous Contributions							
Date Received	Amount							

I. Monetary Receipts (Section A-I)								
NAME OF COMMITTEE	FILING DUE DATE							
Connecticut Citizen Action Group State PAC					Original 10/10/2008			
J. Interest from								
Name of Institution		Date Received			Amount Received			
Street Address								
	ı							

I. M							
NAME OF COMMITTEE				FIL	ING DUE DATE		
Connecticut Citizen Action Group State PAC				Ori	ginal 10/10/2008		
K. Miscellaneous Monetary Receipts not Considered Contributions							
Name		Date of Transa	ction		Amount Received		
Street Address	City	State	Zip Code				
Description							
	K						

	II. FUNI	DRAISING EVENT ACTIVITY	,					
NAME OF COMMITTEE						FILING DU	E DATE	
Connecticut Citizen Acti	on Group State PAC				(Original 10	/10/2008	
L1. Fundraiser Event Information								
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City		State	Zip Code	
Subpart 1: (All Committees) Was this fundraising event hosted a	a personal residence?		Yes	No	If yes, go to Section	on L4		
Did this fundraiser include items do individual of up to \$50?	nated by a business entity of u	p to \$100 or items donated by an	Yes	No	If yes, go to Section	on L4		
Was this fundraiser a tag sale, auction	on, or other sale of donated ite	ms?	Yes	No	If yes, go to Section	on L2		
Subpart 2: (Town Committees and M Were there purchases of advertising			Yes	No	If yes, go to Section	on L3		
Subpart 3: (Town Committees ONL) Did your committee sell food or bev		gathering held within the state?	Yes	No	If yes, enter Total I	•		
					Total of Section L1			

II. FUNDRAISING EVENT ACTIVITY								
NAME OF COMMITTEE FILIN								
Connecticut Citizen Action Group State P	AC						Ori	ginal 10/10/2008
L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items								
Name of the Purchaser (Individuals ONLY) Last Name	First Name	МІ		d of payment:	ard	Aggregate Amount of Purchases		
Residential Street Address	City	State Zip Code Date Received Event #						
Items Purchased								
					Tot	al of Section	L2	

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE	FILI	NG DUE DATE							
Connecticut Citizen Action Group State PAC						Origi	nal 10/10/2008		
L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)									
Name of Purchaser for All Events Business Entity Event # Date Received Amount of Purchase Yes No									
Street Address City State Zip Code Aggregate Purchases for All Events									
Total of Section L3									

II. FUNDRAISING EVENT ACTIVITY									
NAME OF COMMITTEE					FILI	NG DUE DATE			
Connecticut Citizen Action Group State PAC					Origi	nal 10/10/2008			
L4. In-Kind Donations Not Considered Contributions									
Name of the Donor Donation given by: Individual Busines					Entity	Fair Market Value of Donation			
Street Address	City	State	Zip Code	Aggregate value for this event					
Description of Donation Date Received Event #									
				Total of Sect	ion L4	•			

III. NONMONETARY RECEIPTS										
NAME OF CO	NAME OF COMMITTEE FILING DUE DATE									
Connecticut (Citizen Action Group Sta	te PAC				Origin	al 10/10/2008			
	M. In-Kind Contributions									
Name					Type of Contr		Fair Market Value of this Contribution			
Street Address			City							
State	Zip Code	executive officer of a m	ess of \$400 to a candidate committee for a chief unicipality does contributor or business he/she is contract with said municipality valued at more	Date Received						
Is Contributor a lob dependent child of ε		ls contributor a principal	of state contractor or prospective state contractor?	Yes No						
Is this contribution a listed in Section J1?	ssociated with a fundraising event	Yes No	Description of In-Kind Contribution		Aggregate contri	butions				
If yes, list Event#										
					Total of Se	ction M				

III. NONMONETARY RECEIPTS									
NAME OF COMMITTEE								FILING DUE DATE	
Connecticut Citizen Action Group State 1	PAC							Original 10/10/2008	
N. Refundable Deposit to Telephone Company									
Last Name (Individuals Only)		First Name MI Date Received					Amount of Deposit		
Residential Street Address		City	State	Zip	p Code				
Name of Telephone company									
Street Address City State Zip Code									
Total of Section N									

III. NONMONETARY RECEIPTS									
NAME OF COMMITTEE FILIT									
Connecticut Citizen Action Group State PAC Orig									
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee									
Name of Committee	ee Name of Treasurer								
Street Address	•	Date Notice Receive	ed	Fair Market Value of Donation					
City	State Zip Code								
Description of Donation	C D	Е							
Total of Section O									

IV. EXPENDITURES									
NAME OF COMMITTEE								FILIN	G DUE DATE
Connecticut Citizen Action Group State	PAC							Origin	al 10/10/2008
	P. Ex	penses Paid By Commit	ttee				•		
Name of Payee				Date of Paymen	t	Method of Pa	nyment		Amount
Global Payments				08/04/2008	}	Check #			
Street Address 10705 Red Run Blvd	City OWINGS N	1ILLS		Zip Code 21117	Purpose of Expenditure (by code) BNK	X Debit Ca	ard		
Description			1 1		- Silik		Even	t #	
Type of Expenditure (if applicable) Coordinated with reimbursement sought Coordinated without reimbursement sought Independent		Candidate(s) Name (if applicable)		Office Sough	ht		Supporte Opposed		
Organization (see Instructions) A B C D E									\$43.70
Name of Payee Webster Bank				Date of Paymen 08/15/2008		Method of Pa	ayment		Amount
Street Address 1 Webster Plaza	City WATERBU	RY		Zip Code 06720	Purnose of Expenditure (by code) BNK	X Debit Ca	ard		
Description	1		1 1		BINK	l	Even	t #	
Type of Expenditure (if applicable) Coordinated with reimbursement sought Coordinated without reimbursement sought Independent		Candidate(s) Name (if applicable)		Office Sough	ht		Supporte Opposed		
Organization (see Instructions) A B C D E									\$12.00
Name of Payee Global Payments				Date of Paymen 09/02/2008		Method of Pa	ayment		Amount
Street Address 10705 Red Run Blvd	City OWINGS N	MILLS		Zip Code 21117	Purpose of Expenditure (by code) BNK	X Debit Ca	ard		
Description	•				•	,	Even	t #	
Type of Expenditure (if applicable) Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	ht		Supporte Opposed		
A B C D E									\$46.05

IV. EXPENDITURES									
NAME OF COMMITTEE								FILIN	NG DUE DATE
Connecticut Citizen Action Group State	PAC							Origin	nal 10/10/2008
	P. Ex	penses Paid By Commit	tee						
Name of Payee Webster Bank				Date of Payment 09/15/2008		Method of Pa	yment		Amount
Street Address 1 Webster Plaza	City WATERBUI	RY		Zip Code 06720	Purpose of Expenditure (by code) BNK	X Debit Ca	ırd		
Description							Even	ıt #	
Type of Expenditure (if applicable) Coordinated with reimbursement sought Coordinated without reimbursement sought Independent		Candidate(s) Name (if applicable)		Office Sough	it		Supporte Opposed		
Organization (see Instructions) A B C D E									\$12.00
Name of Payee				Date of Paymen	t	Method of Pa	yment		Amount
Bryan Sabin				09/25/2008		X Check #	1235		
Street Address 183 Broad St	City NEW BRIT	AIN		Zip Code 06053	Purpose of Expenditure (bv code) FOOD	Debit Ca	ırd		
Description food for PAC meeting							Even	ıt #	
Type of Expenditure (if applicable) Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sough	nt		Supporte Opposed		
A B C D E									\$95.00
						Tot	al of Secti	on P	\$208.75

IV. EXPENDITURES												
NAME OF COMMITTEE							FILING	G DUE DATE				
Connecticut Citizen Action Group State	PAC						Origina	1 10/10/2008				
Q. Campaign Expenses Paid By Candidate												
Name of Payee (Name of Vendor who candidate paid dis	rectly)	Date of Payment Purpose of Expenditure (by code) Is Rei							Date of Payment		sement No	Amount
Street Address	City	State Zip		Zip Code		Event #						
Description			,									
						Total of S	ection Q					

IV. EXPENDITURES								
NAME OF COMMITTEE	FILI	NG DUE DATE						
Connecticut Citizen Action Group State PAC O							nal 10/10/2008	
R. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution		Type of C Vis		Master Card	Discover	America	n Express	
Name of Vendor		Purpos	se of Expendi	ture (by code)	Date of Transaction		Amount	
Street Address	City	•	State	Zip Code	Event #			
Description					-			
Total of Section R								

IV. EXPENDITURES							
NAME OF COMMITTEE FIL						ING DUE DATE	
Connecticut Citizen Action Group State PAC Orig							
S. Expenses Incurred By Committee but Not Paid During this Period							
Name of Creditor			Event #	Date Incurred		Amount Incurred (Estimate or Actual)	
Street Address	City	State	Zip Code	Purpose of Expenditure (by code)			
Description							
Type of Expenditure (if applicable) Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) A B C D E	Candidate(s) Name (if applicable)	Office Sough	nt	Support Opposed			
				Total of Sect	ion S		

	IV. EXPENDITURES	S						
NAME OF COMMITTEE				FIL	ING DUE DATE			
Connecticut Citizen Action Group State PAC Original								
T. Itemization of	Reimbursements to Committee	e Workers and Consultants						
Name of Worker/Consultant Date of Payment				d of Payment Check #	Amount			
Secondary Payee		Purpose of Expenditure	1	Debit Card				
Street Address		Zip Code						
Description	<u>'</u>		•					
Type of Expenditure (if applicable) Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) A B C D E	Other Candidate(s) Name	Office Sought		Supported Opposed				
			Te	otal of Section T				